Division of Health Service Regulation

IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL092-996	B. WING		03/1	4/2025
PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
OUSE HC	****				
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	JLD BE	(X5) COMPLETE DATE
INITIAL COMMENTS		V 000			
2025. A deficiency v	vas cited.				
category: 10A NCA	C 27G .5600C Supervised				
census of 2. The su	rvey sample consisted of				
27G .0207 Emerger	ncy Plans and Supplies	V 114			
AND SUPPLIES (a) Each facility sha and a disaster plan these plans availabte to the county emergence request. The plans procedures and rout (b) The plans shall and evacuation proposted in the facility. (c) Fire and disaster shall be held at least repeated for each some Drills shall be condustimulate the facility' emergencies.	Ill develop a written fire plan and shall make a copy of le gency services agencies upon shall include evacuation tes. be made available to all staff cedures and routes shall be r drills in a 24-hour facility st quarterly and shall be hift. ucted under conditions that s response to fire				
	PROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS INITIAL COMMENT An annual survey w 2025. A deficiency v This facility is licens category: 10A NCAC Living for Adults wit This facility is licens census of 2. The su audits of 2 current of 27G .0207 Emerger 10A NCAC 27G .02 AND SUPPLIES (a) Each facility sha and a disaster plan these plans availab to the county emerger equest. The plans procedures and rou (b) The plans shall and evacuation pro- posted in the facility. (c) Fire and disaste shall be held at leas repeated for each s Drills shall be condu- simulate the facility' emergencies. (d) Each facility sha	MHL092-996 PROVIDER OR SUPPLIER STREET AL 3105 VIC RALEIGH SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS An annual survey was completed on March 14, 2025. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 3 and has a current census of 2. The survey sample consisted of audits of 2 current clients. 27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit	MHL092-996 B. WING	OF CORRECTION IDENTIFICATION NUMBER: MHL092-996 B. WING	OF CORRECTION MHL092-996 B. WING

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL092-996	B. WING		03/	14/2025	
	PROVIDER OR SUPPLIER	3105 VIC	DDRESS, CITY, S O TERRACE I, NC 27610	TATE, ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION (EACH CORRECTIVE ACTION (EACH) (EA	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 114	This Rule is not me Based on record refacility failed to ensign quarterly on each services on 3/14/25 from (March 2024-I-There was no disa 3rd quarter (July, A-There was no disa 2nd quarter (April, I-Attempts to intervie 3/14/25 revealed: -They could not be communication skill-Both clients were refined all the fire actions. -He worked alone as "several" months. -He did all the fire actions. -He was told he shownouth and a disast. -He wasn't sure who drills every 3 months. -He confirmed the fire in drills were done qually and disaster drills.	et as evidenced by: view and interviews, the ure disaster drills were done hift. The findings are: of the facility's disaster drill log March 2025) revealed: ster drill conducted during the ugust, September) of 2024. ster drill conducted during the May, June) of 2024. w clients #1 and #2 on interviewed due to their limited ls. nonverbal. with staff #1 revealed: at the facility over the last and disaster drills with the build be doing a fire drill each er drill every 3 months. y he didn't do the disaster as for 2024. facility failed to ensure disaster arterly on each shift. with the Qualified ed: documentation to ensure the		DEFICIENCY			
	did not always docu -She confirmed the						

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PRINTED: 03/17/2025 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _____ B. WING _ MHL092-996 03/14/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3105 VICO TERRACE INEZ'S HOUSE HC** RALEIGH, NC 27610 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY)

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